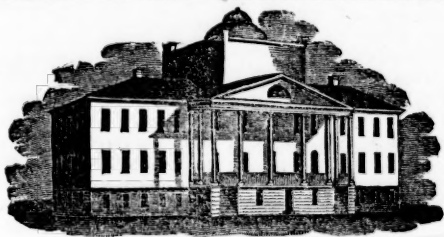


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I.

Some Observations on Ulceration of the Kidneys, with Cases.

By JOHN C. WARREN, M.D.

Concluded from page 472.

Case V.

CHARLES E. FESSENDEN applied to me in the autumn of 1827. He had an inclination to pass water very frequently, with blood occasionally and a small quantity of mucus. The stream was rather small. I passed a bougie, and found an obstruction in the further part of the urethra. On two more applications this disappeared. He was not however relieved; nor did the medicines I afterwards gave, produce any mitigation of his symptoms. Satisfied that I should never be able to discover the nature of his complaint by the observations I could make in his occasional visits to me, I advised the young gentleman to go to the Hospital. The history of his case was there recorded as follows. Although long, I have not thought

it best to omit any part of the history of the symptoms or treatment; as useful results may perhaps be drawn from them,—if not now, at some future time.

C. E. Fessenden, æt. 19, Boston. Entered the Hospital Dec. 3d, 1827. Constitution naturally good, but subject to frequent headache, and indigestion. Four months ago, received a severe strain in his back, from lifting a heavy weight. A fortnight after this, he began to feel a severe pain across the small of the back. After about a fortnight, this subsided, and was succeeded by a burning pain, about an inch from the extremity of the penis, coming on after micturition. Urine became darker colored than usual, depositing a mucous sediment. For the last three months, has occasionally passed blood with his urine. Urine passed occasionally eighty times in the twenty-four hours, preventing his sleeping by the frequent necessity of rising. The pain in the back recurred

about a fortnight before he entered the Hospital. Subject to costiveness.

Dec. 4. Warm bath every other day.

R. Potass. sup. carb. ʒij.

Aquæ, ʒvj.

Syrup. tolutan. ʒiss.

Ol. junip. ʒss. M.

Cap. ʒss. ter in die.

May have meat; but no butter or fat.

6th. Sound passed, but no stone discovered in the bladder. Passed about a gill of blood.

R. Sol. sulph. magnes. ʒiv.

Appl. hirud. vj. perineo, altern. diebus.

9th. Sound again passed, but no stone discovered.

Omitt. medicamenta.

Sum. pulv. uv. ursi, ʒij. ter in die.

Cap. pil. hyd. submur. et opii. nocte.

10th. Costive.

Sum. sol. mag. sulph. ʒiv.

12th. Less pain after passing urine, and less frequent calls. Pains across loins much diminished since entrance. Has passed but a few ounces of blood since the 5th.

Sum. sol. mag. sulph. ʒij. altern. diebus, manè.

17th. Improved every way.— Warm bath only twice a week.

27th. General improvement. Mouth slightly affected. Less tickling about penis since entrance. Has a new sensation of burning just within the urethra and in the bladder before passing urine, relieved after evacuation. Passes urine four or five times daily; quantity as usual. Mucous sediment continues, but no blood for a considerable time.

Omitt. sol. mag. sulph.

Jan. 1. Doing well. Burning

in penis and bladder, before passing urine, continues. No pain in any part. No blood.

Appl. hirud. bis in hebdomada.

14th. Mouth continues slightly sore.

18th.

Sum. pil. submur. et opii, bis in die.

25th. Calls to pass urine of late more frequent. For several days severe, but momentary pain, in end of penis after passing water. Has to-day severe pain across small of back, chiefly before and after passing urine.

Omitt. uv. ursi et pil.

Sum. balsam copaib. gtts. xxx. in aqu. ter in die.

Continue bath.

28th. Has taken cold and looks less well. Pain in back, and pain after passing water, continue. For several days has constantly passed blood with urine. Since balsam, quantity of urine diminished; more frequent calls. On the 26th, passed urine sixty times. Mucous sediment increased. Also burning in penis and bladder before passing urine. Ardor urinæ lately; none now.

Appl. empl. canth. iij. ad vj. dig. dorso.

30th. Better; has not taken the balsam very regularly. May walk out.

Appl. part. vesicat. unguent. junip.

Omitt. balsamum.

Feb. 2. Sharp aching pain near the extremity of the penis, commencing yesterday about 1 P. M. and lasting till 8 or 9. Very little burning pain in penis, and very little pain in back since blister was applied. None since yesterday morning. Less disturbed in night by necessity of passing

urine. Urine in larger quantities. Sleep better than usual. Bowels regular.

3d. Pain in back recurred yesterday afternoon after a dinner of salt fish, and lasted about seven hours. Had a very uncomfortable night. Passed urine about four times. Severe pain after passing it; slight burning pain before. Urine scalding.

4th. Yesterday and last night more comfortable. Slight aching pain in penis for about an hour. Pain in back as on the day before.

5th.

R. Pulv. uv. ursi, 3j. ter in die.

6th. Less pain in back; recurred about three times in the day, lasting about fifteen minutes at a time. Burning pain for about half an hour after micturition. Urine diminished in quantity. Passed about eight times in the day; four times in the night. Pain before micturition less severe. Urine scalding. Bowels free.

8th. No recurrence of pain in back. Burning pain in penis as usual. Pain in extremity of penis before micturition. No pain last night after micturition. Slept well. Urine as usual. Pain for about two hours this morning; relieved by drinking slippery elm tea. This morning much increased by motion; this has not been the case before. Bowels free.

11th. Has continued to gain since the 6th. No recurrence of pain in the back. Pains in penis slight. Appetite good. Health good. Has lost in weight during the last fortnight, but never before.

12th. Passes urine eight times a day; four times in the night. Passes no blood. Mucous sediment rather less.

R. Tinct. mur. ferri et ammon. gttss. xv. ter in die.

Sum. inf. lini. semin. 3ij. quarta quaque hora.

R. Tinct. capsic. 3iv.

Tinct. canth. 3j. M.

Utet. pro lotionne dorso.

Cont. baln. tepid. et uva ursi.

13th. Continues to improve. Has not now the sensation of weariness which he formerly experienced at night. Strength increases. Has gained flesh.

14th. Continues to amend. Allowed, at request, to go out this evening.

16th. Feels much better than at any time since his entrance. Urine passed about twenty times a day.

18th. Has been worse since the morning of the 16th. Pains increased. Urine passed more frequently, in smaller quantity, and with more sediment.

19th.

Omitt. omnia preter lotiones et balneum.

R. Sol. sulph. mag. 3iv.

20th. Much better this morning. Night very good. Twelve dejections from medicine, copious. Sharp burning pain yesterday after micturition, for about half an hour at a time. This is much increased, and is often brought on by motion. Severe itching pain this morning, lasting about half an hour at a time.

21st.

R. Hyd. submur.

Pil. scillæ, aa gr. xij. M. Ft. pil. No. xij.

Cap. unam, mane et vespere. Cont. cetera.

22d. Worse since yesterday's visit. Urine, according to report, somewhat tinged with blood; otherwise as before.

23d.

Omitt. pil. manè.

26th. Has been much worse since the 22d, to-day especially. Pains severe, recurring constantly upon exercise. Feeling of great weariness. Little appetite. Uneasiness, though not exactly pain, in the back. Pain in left groin, over a circular space of the size of a dollar, previous to passing urine. Bowels generally irregular when not under the influence of medicine. At present, rather costive.

Omitt. hirud. applic.

Sum. pil. hyd. submur. mane et vespere.

27th. Last night and this morning much better. Takes daily a quart of the decoction of slippery elm.

28th. Much better.

March 1. Feverish.

R. Spirit. æth. nitros. gtts. xl.

Quarta quaque hora. Cont. pil. hyd. submur.

R. Acid. sulphur. ʒij.

Ol. olivæ, ʒij. M.

Appl. dorso pro linimento, mane et vespere.

3d. Pains have rather increased in consequence of his taking cold. Pain in back for about half an hour yesterday. Passes urine about thirteen times in the night. Great weakness, especially at night.

4th. Urine passed twenty times in the night; in sufficient quantity, rather light colored, depositing some reddish flocculi. Vomited this morning after breakfast.

R. Ant. tart. gr. x.

Aquæ, ʒij. M.

Cap. ʒss. semi horis, pro emetico.

6th. Pains increased on account of his eating salt, by which his symptoms are always exacerbated.

R. Pulv. uv. ursi, ʒij. ter in die. Cont. cetera.

7th. Much better.

8th. Tongue furred, and other symptoms of fever.

R. Hyd. submur.

Pulv. jalapæ, aa gr. viij. M.

Cap. statim.—Omitt. medicament. solita. —Liquid diet.

10th. Was quite weak and in bed nearly all day on the 8th and yesterday. After dinner yesterday, was seized with vomiting, and paroxysms of violent pain ensued. Appearance under the paroxysms, and symptoms, were as follows:

Countenance very much distressed and pale; writhing in bed; scalding in urethra, as from a hot iron passed into it; excruciating pain in the end of the penis, and in the left testicle, descending from the symphysis pubis; itching in the penis within the perineum; pulse smaller than usual, not much accelerated; feet very cold; on examination, slight retraction of testicle, but otherwise, the appearance natural. Pains came on immediately after passing urine. This attack continued about two hours, when he became relieved. A second paroxysm, similar to the former, commenced at 6, P. M.

During the first paroxysm he was directed by the house physician to take slippery elm tea, and continue this as long as the pain lasted. Fomentation of hops applied about the pubes, and kept hot. While this is preparing, foment with hot water. Enema of tepid flaxseed tea, half a pint, and laudanum, seventy-five drops.

Second paroxysm, opiate enema, tr. camph. opiat. gtts. xl.; spirit. æth. nit. gtts. xxx. M. In the evening, hop fomentation, with a strong decoction of poppies. At 9, spir-

it. æth. nit. gtts. xlv. ; repeated at half past 11. At 2, A. M. tinc. opii, gtts. xxv.

This attack left him very feeble, and he continued in bed for two or three days, but had no severe pain, and gradually mended.

15th. Return to usual diet.

Cont. pil. mane et vespere.

17th. Countenance continues pallid. Passes urine about fifteen times in the night, with some clots of blood. Sediment somewhat increased.

19th. Passed a very comfortable night. Bladder again sounded. Passing the catheter into the bladder produced exquisite pain. Felt in the bladder, as he said, like a red hot iron.

Cap. pil. unam vespere.

Appl. empl. canth. dig. iv. abdomini.

24th. Complains of an itching about the anus, which he says he has experienced from the commencement of the disease. Has lost fourteen pounds of flesh within a fortnight.

Diet,—for dinner, fish, oysters, broiled chicken ; for breakfast, eggs, toasted bread, crackers, shells, cocoa or arrowroot.

Sum. pulv. uv. ursi, gr. xx. ter in die.

R. Hyd. submur.

Camphoræ,

Opil, aa gr. vj. M. Ft. pil. No. vj.

Cujus, cap. unam vespere.

27th. Urine within the last twenty-four hours, eighty ounces. Has gained strength.

Sum. uv. ursi, 3j. ter in die.

28th. Severe pain in the lower part of the abdomen.

Appl. empl. canth. digit. iv. abdomini.

31st. Slight relief to abdominal pain from blister. Nights uneasy.

Sum. vespere, ext. hyoscyami, gr. vj.

April 4. No effect from hyoscyamus.

Omitt. pil. hyos. et sum. pil. camph. et opil, gr. vj. nocte.

5th. Slept well. Took two pills.

6th. Recurrence of paroxysm similar to those of March 10th, and nearly as severe.

R. Spirit. æth. nitros. 3ss.

Tr. opil, 3ij. M.

Cujus cap. 3j. quaque hora, ad allev. doloris.

7th.

Habet. baln. tepid. nocte.

Sum. sol. mag. sulph. 3iv. cras mane.

11th. Advised to lay aside the use of medicines, to go into the country as soon as he is able, have two issues on the back, and use no hard water. Have all his food boiled in soft water.

Upon the 12th, the weather being fine, and he thinking his strength sufficient to leave the Hospital, he was discharged. Some cause prevented his going that day, however, and on the 13th the paroxysms recurred a third time, with the additional symptom of pain in the back. Had an injection, from which two dejections, one copious.

14th.

Sum. inf. senn. comp. 3ij. et post horas sex, enema si opus sit. Si dolor redeat, appl. foment. tanacet. et absinth. parti affectæ.

R. Spirit. æth. nitros. 3ss.

Ol. junip. gtts. xxx. M.

Cujus cap. gtts. xxx. tertia quaque hora.

Omitt. pil. hodie.

15th.

Si dolores. red. appl. empl. canth. dig. iv. ad vj.

16th. This morning in a state

of stupor. Answers questions with difficulty, and incorrectly. Loss of memory. This state continued till eleven or twelve o'clock, when he recovered, and soon after left the Hospital.

In about three days after leaving the Hospital, he died.

Examination April 24, the day after death.

Slight adhesion of the omentum to the muscles on left side. Left kidney considerably enlarged, with decided appearances of inflammation on exterior surface, covered with whitish spots, softer than natural. In the interior, appearances of inflammation much greater. Various ulcerations were discovered in the pelvis of the kidney, six or eight in number, and situated in the infundibula, and mamillary eminences. Ureter on this side enlarged to above four times the natural size, parietes very much thickened, and passage larger than natural. Right kidney larger than natural, with appearances of inflammation and spots of ulceration, but less than on left side. Ureter enlarged. Bladder very small, its parietes much thickened; mucous coat of an ash color, with streaks of vermillion, and interspersed with numerous black dots. Prostate gland small, with no appearances of disease. Two singular appendages to the spleen, of the same substance with that organ, of the appearance of small lobes.

Remarks.

On the last case I would remark, that when the patient first presented himself to me, I had a strong expectation of finding a stone in the bladder; his symptoms, as described to me, being

very similar to those of the latter affection, with the exception of the sudden obstruction of the urine while passing, which he had not. When I attempted to pass an instrument, an obstruction presented itself in the membranous part of the urethra. This was removed in a few days without any mitigation of the symptoms, and the examination of the bladder was made, but no stone discovered. I then examined the prostate gland. This was found quite natural in feel, though smaller than usual. Having disposed of the suspicion of these complaints, I next directed my attention to the state of the urinary bladder. On examining externally, in different directions and situations, especially over the pubes, no tenderness could be discovered. There was however occasional pain above the pubes, a little to the left side; and the passage of an instrument into the bladder demonstrated an excessive tenderness in the internal coat of this organ. On repeated observations, I was not satisfied that an inflammation of the mucous membrane of the bladder in a patient of this age, could assume the obstinate character manifested by this complaint: and reflecting that the disease began with a violent pain in the back, I became satisfied that the original seat of it was the kidneys; and this inference was drawn perhaps as much from negative, as positive signs. The opinion was then stated to those who visited the patient with me.

On examination of the body after death, I proceeded in the first instance to the left kidney, which was as I had believed in a diseased state; though the extent of disease was much less than

might be expected from such severe and fatal symptoms. The mucous coat of the bladder was clearly in a state of chronic inflammation; but its condition would by no means justify the suspicion of its being the principal seat of disease. We conclude that the disease of this young man began in the kidneys, and was the effect of an injury operating on a delicate and irritable habit.

When we consider the general aspect of the cases related, we must be struck at first view with the intensity of the symptoms. In this respect the affection does not correspond with the other derangements of these organs, so far as they have been discriminated. A sudden enlargement of the prostate gland, which sometimes takes place in middle aged persons, and might, in opposition to the chronic disease of old age, be called sub-acute inflammation of the prostate, is accompanied by most violent and distressing symptoms; but they are easily discriminated to be the symptoms of affection of this gland, and moreover, an examination will show the gland in a very uncommonly enlarged state. The existence of a stone in the bladder is also accompanied by very severe symptoms; but they may be distinguished from those of the disease of which we are speaking, by being less constant.

This character of intensity will therefore lead to a suspicion of affection of the kidneys.—From other diseases occurring in the urinary organs it may be distinguished also.

First, from stricture in the urethra, by the want of pus in the urine in stricture; by the narrowness and obstinacy of the contrac-

tion; and by the great length of time usually required for the formation of the stricture. It must be noticed, however, that in disease of the kidneys there is often a sympathetic contraction of the urethra, which misleads the surgeon to the opinion that the complaint is stricture. But in this case the contraction will be found to vary extremely, sometimes to disappear and afterwards show itself anew in its original state. There are frequently mistakes committed in examinations for stricture. Many a patient has been subjected to the action of a caustic, because a plaster bougie would not pass; when if a metallic catheter had been employed, the largest instrument would have freely entered the bladder. Before deciding on the nature of one of these cases, every kind of instrument should be employed, and at different periods.

Second. Disease of the kidneys may be distinguished from enlargement of the prostate gland by examination. To form a correct judgment in this case, the surgeon must be much in the habit of making examinations of this gland in its healthy and morbid state.

Third. From chronic inflammation of the bladder it will be extremely difficult to distinguish this affection of the kidneys. There is, however, I suspect, reason to doubt whether chronic inflammation of the bladder does frequently occur as a primary disease. Perhaps it may be for want of observation, or from want of a sufficient number of dissections; but I do not recollect a case of chronic inflammation of the mucous membrane, as a primary and uncomplicated disease. In the cases of ulceration of the kidney, however,

this coat has always exhibited signs of severe inflammation after death, and sometimes during life. A question may arise whether the inflammation of the mucous coat were a primary or secondary affection in the diseases of the kidney. I cannot doubt for a moment that the ulceration of the kidney is the original disease, and that the mucous coat is affected secondarily. The case of simple chronic inflammation of the mucous coat of the bladder, will be attended with symptoms less violent and less obstinate than the disease of which we are speaking. It might be thought that the pain in the back would serve to distinguish the affection of the kidneys from that of the bladder. But this pain is not so prominent a symptom as might be expected. In the case of Fessenden it scarcely existed except in the beginning of the disease.

Fourth. This disease will be distinguished from stone in the bladder by examination; and also by the sudden stop of the flow of urine, by the stone falling on the orifice of the urethra.

Symptoms of the disease. The disease sometimes begins with a pain in the back, but not uniformly. This is followed by an increased desire to pass water, which is done very often and in small quantities. As the disease advances this disposition becomes excessive, and much greater than what is known in other affections of these parts, frequently more than sixty times in twenty-four hours. The urine is slightly tinged with blood, and mixed with mucus. This mucus is afterwards purulent; or rather there is a mixture of blood and foul pus, in variable proportions, sometimes the one

and sometimes the other predominating. The pain is often excessive. Sometimes it is in the course of the urethra, accompanied by a violent burning; sometimes in the extremity of the penis as in the stone, and frequently in the lower part of the abdomen, in the middle or one side. The passage of an instrument into the bladder produces great pain. The pulse is accelerated, and tongue furred, though in a changeable manner. Sometimes there are regular paroxysms of fever, preceded by chills. The constitution becomes generally disabled. Exhalations take place into the cellular membrane. The nervous system is disturbed. Under these distressing symptoms the patient survives for a considerable time.

Treatment. Whether this disease is ever curable I know not. I have a patient who has been ill three years, and for some time lay in a hopeless condition. He is now able to walk, ride, eat and drink, as usual; yet I cannot say he is well.—In the beginning of the complaint it would be proper to take blood from the arm, afterwards to apply leeches frequently to the loins and the perineum. The warm bath is useful. Mucilaginous injections into the rectum, with the addition of tincture of opium, when the pain is severe. Deep issues should be made with caustic, on each side of the spine; or on one side only if the disease seems to be confined to one kidney. Mucilaginous drinks, especially decoction of flaxseed, drank very copiously, give more direct ease than any other remedies taken into the stomach; for in general, medicines passed through the stomach appear to have no great influence on the complaint.

All stimulants are injurious. The balsams therefore do harm. Injections into the bladder, however mild, are pernicious. The patient's regimen should be of the mildest kind; he should avoid the use of spring water, and employ only pure water, either distilled or rain water. Finally, the symptoms must be mitigated by the constant use of opium. Hyoscyamus, stramonium and hemlock, do not appear to be substitutes for this medicine.

II.

On Flooding.—From Lectures delivered at Guy's Hospital,

By Dr. JAMES BLUNDELL.

Continued from p. 475.

WHEN discharges of blood from the uterus are sparing, it is not my custom to apply cold, powerfully and extensively, to the lower parts of the abdomen—the back, thighs, buttocks, and so on; although, in conformity with popular feeling, I have recourse to vinegar and water, particularly if the temperature of the patient be warm. But when the discharges of blood are more abundant, cold, a very powerful remedy, must be called to our aid, and ought to be effectually applied, though not without due caution. When a woman has lost so much blood, that she is, in every part of her body, cold already, which, in dangerous bleedings, is no uncommon occurrence; the application of cold, though, in conformity to popular prejudice, it may be recommended, is, I fear, of small advantage; but if you have a great deal of blood coming away, and if, with this, there is a certain warmth of

the system, and a sort of febrile hurry of the circulation, in such cases cold may be administered with decisive advantage. Cold water is sometimes sprinkled over the body; cold water is occasionally injected into the rectum; and ice, naked or wrapped in linen, is occasionally pushed into the vagina, the remedy not being without its dangers, for if you freeze the vagina it dies. To omit these practices, however, there are, for ordinary purposes, two modes in which the cold may be administered; the one is by laying bare the abdominal surface, and dashing over it cold water from the cup, or by means of the hearth-brush dipped in a pailful of water, a rough, yet effective, practice; the other, a gentler method, conducted as follows:—

From the cistern, or the well, you procure a pailful of water, to which a pint or two of vinegar, recommended by popular opinion, may be added; then, taking some napkins, you effectually refrigerate them, by dipping into this cold mixture, or by thoroughly besprinkling their surface. This done, you apply them extensively to the central parts of the body, front and posteriorly, as soon as they become warm; it may be every two or three minutes, oftener or seldomer as the communication of warmth from the body of the patient may require. In some cases, the local application of cold seems really to be of considerable advantage; I have in my mind, at this moment, a case of draining, where other remedies had been tried with but little effect, and where the cold alone appeared to be efficacious in checking the discharge.

If the fœtus be come away,

and if you have removed the placenta, in *general practice* it is unwise, where there are large discharges, to *plug* the vagina; for this, in many cases, might occasion an *internal* bleeding, the bleeding continuing, though the efflux is prevented, and the blood, of consequence, accumulating in the cavity of the uterus. Where, however, in the more copious floodings, the womb is not emptied, and the placenta is not yet away, the plugging of the vagina may be tried with considerable advantage. The purpose of plugging is, that of allowing the blood to accumulate in the vagina and the uterus, so as to form there clots, which may close up the mouths of the bleeding vessels. This object may be variously attained: taking a napkin and folding, you may lay it upon the genital fissure, closing the orifice of the vagina without the introduction, or the irritation, of a plug. More conveniently, however, in many patients who are not irritable in these parts, you close the canal, by introducing a plug of tow, or sponge, or soft cloth. Cloth or sponge, is the plug which I am myself in the habit of introducing, more or less, according to the capacity of the cavity, recollecting that the smallest mass which will inhibit the discharge of blood from the vagina, is the best for the purpose. Of women, there are some in whom the vagina is so destitute of irritability, that introduce what you will there, the organ bears it without reaction; of others, on the contrary, and more especially of young females, the vagina is sometimes so exceedingly susceptible, that the plug cannot be borne, unless, perhaps, for a few hours;

and, in these cases, the application of a napkin to the genitals externally, may be substituted. When the plug can be borne for a few hours only, apply it nocturnally; this may prevent your being called up in the middle of a cold December night. When the plug remains quiet, don't be in too much haste to remove it; recollect, that the longer it is left there, the more completely will the vessels become contracted and closed up.

In the earlier and middle months of pregnancy, as in the end of gestation, you will find, as I explained to you in a preceding lecture, that to empty the uterus is a most effectual mode of stopping the blood, and hence the use of *deobstruents*; for it generally happens, when floodings have occurred previously to the birth of the ovum, that on the abstraction of the ovum and the complete evacuation of the uterus, the discharge wholly, or in great measure, ceases. Where a patient is laboring under floodings in the earlier or middle months, and more especially under obstinate floodings, recurrent again and again; the emergency justifies us in having recourse to this remedy, unjustifiable perhaps in cases less pressing. In such cases, the thorough evacuation of the uterus is the only remedy on which we can certainly rely. The uterus, however, it is not in our power to empty with the same facility and certainty as the intestines or the stomach; but there are three remedies of the deobstruent class deserving a trial in these cases, and these three deobstruents are, —succussion, injection, and the *secale cornutum*. A jolting ride on a rough road, in an uneasy car-

riage, where the propensity to miscarriage is strong, may occasion the expulsion of the ovum. The remedy is rude—scarcely to be recommended—fitted to a few cases only—where strength remains—and the pregnancy is of the earlier months—say the first two or three ; in latter gestation it would be dangerous. A medical attendant should be in the carriage,—the house of the patient should always be at hand. Saline clysters will do little, if the womb is indisposed to contract ; but if the fibres are in action, an ounce of salts and six of the infusion of senna, or other more powerful stimuli of the rectum, may be tried with advantage. But of all the stimuli exciting uterine contraction, that, which, failing flatly in some cases, in others, however, seems to operate in the most decisive manner, is the *secale cornutum*, or ergot. In powder, in infusion, in decoction, it may be given; and suspecting from some experiments made, in conjunction with Mr. William South, that its virtues reside in a vegetable alkaloid, I presume it may hereafter be administered in the form of pill, like the quinine, when probably it may be found less offensive to the stomach :—I would invite the chemists to the investigation of this point. In general, my formula has been, of ergot 3j. in coarse powder, of boiling water three ounces, to be decocted rapidly to one half, the patient taking of the decoction poured off, one third every twenty minutes, unless some obvious effect were previously produced. In one miscarriage of the third month, to omit others, after the administration of the ergot, I remember the pains became almost incessant till

the ovum was expelled. The ergot will not, I think, act unless the uterus be irritable and disposed to the pains. The ergot is principally produced in America, and perhaps I may add the South of France.

In as many as thirty cases where floodings occurred in the end of gestation, and where the placenta was not lying over the os uteri, Dr. Merriman found that the discharge of the liquor amnii either stopped the floodings, or reduced so greatly the quantity of the bleeding, that it became no longer dangerous. By Mr. Rigby, under similar circumstances, the same remedy was tried, and in fifty or sixty cases with the best success. Set down, therefore, the discharge of the liquor amnii among the remedies for suppressing the floodings of the latter months. Nor is it difficult to accomplish this ; carrying one or two fingers of the left hand through the os uteri up to the membranes usually felt with facility, take a bluntly-pointed instrument, say a female sound, for example, sharpened for the purpose, and with this instrument puncture the membranes and discharge the liquor. Under this operation the hemorrhage becomes diminished, perhaps immediately ; and although the ovum may now and then, perhaps, be retained till the end of the nine months, especially if opium have been given, yet more generally in two or three days afterwards, the whole is expelled, and the womb emptying itself, contracts thoroughly, so that the flooding becomes entirely suppressed. In all cases, in the middle or later months, where there is an obstinate efflux of blood from the uterus, remember that you have in

the discharge of the liquor amnii a most powerful remedy ; in some of the worst floodings, where other remedies are failing, you lacerate the membrane, and the hæmorrhage ceases.

By manually emptying the uterus, so as to allow of a thorough contraction of its cavity and constriction of its fibre, the bleedings may be suppressed, though not in all cases, in many. And there are different modes in which this evacuation may be accomplished ; sometimes in floodings, we find the child's head has been pushed down into the vagina, where we may apply a pair of forceps upon it, and draw it forth. In other cases, and these are far more frequent, the child is lying entirely above the brim of the pelvis in the cavity of the uterus, so that no parts of it, except the presentation, can be felt. Now in cases like these, the hand may be introduced into the cavity of the uterus, and by that operation of turning already explained to you, the fœtus may be brought away. Even in the earlier months, although the manual evacuation of the womb is undesirable, the parts being thin and lacerable, should the removal of the ovum be deemed necessary, it may sometimes be accomplished. With the utmost gentleness lay the left hand in the cavity of the vagina, passing the genital fissure for this purpose. Then the bulk of the hand remaining in the vagina, let the first and second finger be passed up into the cavity of the uterus, so as to reach from mouth to fundus, while the womb, felt above the symphysis pubis, is by the action of the right hand pressed down upon the fingers of the left. By this manœuvre, the contents

of the uterus may be brought within reach and control, and, by a small action of the fingers, may be easily got away. Though practicable, this operation is of dubious use : if unskillfully or unwisely performed, it is surrounded by the risks of laceration. Thus sometimes by the insertion of the fingers, sometimes by the operation of turning, and sometimes when the head of the child is lying in the vagina, by the judicious application of the forceps, the fœtus and the placenta may be extracted ; when, as before, the womb contracting, and the muscular fibres becoming constricted, little further discharge of blood need in most cases be apprehended. And thus much, then, respecting the principal remedies to which you are to look, when you have the more obstinate and dangerous discharges of blood from the womb.

(To be continued.)

III.

SELECTIONS FROM FOREIGN JOURNALS.

Hydrophobia.

M. Unanue remarks, in his topographical sketch of Lima, that this dreadful disease is not known in any part of South America. It appeared, for the first time, in the summer of 1804, in the north of Peru. The heat was then very intense, and long continued. The thermometer sometimes stood as high as 99½ deg. F. Almost all quadrupeds, and particularly dogs, were attacked with hydrophobia. In 1807 it appeared in the capital. In the town of Jea forty-two persons perished who had been bitten by dogs. In the northern district the disease developed it-

self spontaneously in many individuals. In a sugar plantation several slaves fell victims to the malady, after having eaten the flesh of animals that had died rabid. In 1808 the disease entirely disappeared. In a few dogs hydrophobia occurred twice, but it was observed that no mischief arose from any bite they inflicted during the second attack.—*Zeitch von Henke.*

Hemiplegia cured by Nux Vomica.

A gentleman, 60 years of age, of strong constitution, had an apoplectic attack, after which he remained hemiplegic, in spite of various appropriate modes of treatment, such as general bleeding, leeches to the neck, purgatives, blisters, and stimulating liniments. A month after the fit of apoplexy, a trial of the nux vomica was determined upon. He took at first one grain, increasing the dose one grain a day, until six grains were taken. On the sixth day, a slight movement was perceptible in the legs, and a creeping sensation in the hands. On the seventh, involuntary motions took place in the paralysed leg, which he was incapable of restraining in his efforts to walk. He was now seized with giddiness and confusion of mind, and remained for a short time nearly insensible. Since the use of the pills, the face had been more flushed, and the pulse harder than before. The medicine was therefore discontinued. Leeches were applied to the anus, diluents prescribed, and he continued to improve. Eight days after, the employment of the nux vomica was resumed, beginning with the original dose, and gradually augmenting it as before. It was again necessary

to discontinue it on the fourth day, on account of the violent involuntary motions of the limbs, and the return of the cerebral affection. A purgative was prescribed, and, for a short time, no active treatment was enforced. As the patient, however, was conscious of the benefit he had experienced from it, the nux vomica was again given, and on the third day the improvement was more decided than it had yet been. Fifty pills were taken in about five weeks; after which, the patient could walk without a stick, and was fully equal to the execution of his business, which kept him very actively employed during the greater part of his time.—*Précis de la Soc. Médic. de Tours.*

BOSTON, TUESDAY, SEPT. 16, 1828.

THE following communication appeared in one of the public papers without the authority of a name, but as we have seen no counter statement of the case, and it appears to convey a useful warning to members of the profession, we think it worthy of being communicated to the medical public.

Remarkable Case.

A case of deceptive circumstantial evidence lately came to our knowledge, than which, we believe, a more remarkable cannot be found on record. Our information was communicated to us by one who was personally engaged in the investigations attending it.

In a country town in the State of Maine, a few months since, the wife of a laboring man, who had lived for a long time on very indifferent terms with her, suddenly died. As she was in apparently perfect health on the day of her death, and there had

been violent quarrels between them, the man was regarded with a considerable degree of suspicion. At the burial of the wife, her relations attended. To these the husband had always cherished a great hostility; but on this occasion he was particularly urgent that they should return with him, after the funeral, to partake of a meal at his table. They were ill disposed to do this, both on account of their recollection of the treatment of his wife, his uniform hostility to them, and the very suspicious circumstances of the wife's death. He continued to urge them to return to his house and partake of the entertainment with so much earnestness, that after resisting for a long while, they found that they could refuse no longer. The meal was placed before them, at which a dish of *baked beans* was abundantly served, and of which they were urged to partake liberally. Much time had not elapsed after the meal before every individual of the party was taken sick; some were so violently affected that their lives were despaired of. These very suspicious circumstances determined the neighbors to have the man arrested, and this was accordingly done. The house was searched, and a quantity of arsenic was found, of which it was afterwards ascertained that he had bought a considerable quantity of an apothecary a short time before the death of his wife. Another corroborating circumstance, was that the accused had on the day on which his wife died, carried to her while at work in the field a glass of liquor—an act of courtesy which, such were the terms on which they had lived, it was quite out of his custom to proffer. The man was placed in custody, and preparations were made for his trial. The physician who attended the deceased was satisfied that the death was from poison, and would give his evidence to that effect. Public opinion was greatly excited on the subject, and the conviction of the individual was confidently anti-

cipated at the approaching session of the court.

Things being thus circumstanced, the physician, whose evidence, as we have related, was decided on the point of the death being occasioned by poison, happened to be on a visit to the town of B. The circumstances being generally known, Dr. M. who was a personal friend of this physician, sought an interview with him, and inquired of him if he examined the body internally after death, and on being answered in the negative, he placed before him in a strong manner the situation in which he would find himself when called on before a court and jury for evidence of his assertion that the death was by poison. It was soon decided that a disinterment and an examination of the body should be immediately made, and Dr. M. with another medical friend, accompanied the first named physician to the place of the presumed murder. The people of the vicinity expressed great satisfaction at knowing of this intention, and were eager to assist in the disinterment, assured that it would only add confirmation to their belief in the guilt of the accused. The body was quickly removed from the earth. A question then arising where the examination should take place—for as it had been buried three weeks no one was willing that it should be brought into his dwelling house;—a neighboring barn was first proposed, but to this the physicians objected on account of the want of sufficient light. The *meeting house* was then named, and thither the body was carried. It was placed on a table in the centre aisle, and the examination commenced in the presence of the assembled and eager multitude who filled the pews and the galleries. Dr. M. prepared to open the abdomen, and the gentleman who accompanied him undertook in the mean while, the examination of the head. To the former, of course, the attention of all was chiefly directed. The operation of opening the head, how-

ever, advanced more rapidly than that of the abdomen, and the removal of the cranium discovered to the surprise of the operators and the spectators, a suffusion of blood in the organ and all the unequivocal marks of *apoplexy*, while the stomach and the other digestive organs were found to exhibit not the slightest indications of the presence of any poisonous substance! The surprise, and probably in their excited state of mind against the supposed criminal,—the disappointment, of the spectators, was extreme. The result of the examination was however irresistible in proof that the death was occasioned by apoplexy, and not by poison, and the man's life was saved,—for it is scarce to be doubted that a jury would have convicted him upon the evidence of the circumstances which have been enumerated.

It will be asked, how is the circumstance of the sickness of the wife's relatives, which was evidently caused by the meal which the man urged them so earnestly to take, accounted for? It is explained by a singular fact, of which one or two other instances are known to have occurred.—The beans, of which the meal was principally composed, had been baked in earthen vessels, and were allowed to grow cold; they had been kept long enough to have turned acid to a slight degree, and when they were placed in the oven to be reheated, the action of the acid on the sides of the jar, decomposed the glazing with which the interior of the jar was coated, and of which sulphuret of lead is the chief ingredient; a poisonous substance was thus developed, and infused into the contents of the jar, and those eating of the beans were attacked with symptoms of illness more or less severe, according to the part of the jar from which the beans were taken of which they ate. After this, it was not difficult to admit, that the arsenic found in the man's possession, might have been purchased for the destruction

of rats, as he had constantly averred was the case.

We leave this statement, the authenticity of which may be confidently relied on, to the reflections of our readers. They can have little doubt, that had this individual been brought to trial, (as he would have been, but for the interposition of the B. physician,) without the examination of the body, his life would have been sacrificed,—few juries would have hesitated to convict him. It would have been one instance added to the many on record, of the danger of a reliance on mere circumstantial evidence, however strong, and the importance of thoroughness in the investigation of all questions of medical jurisprudence.—*Mass. Journal.*

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Sept. 6, at noon.		
Aug. 30.	Sylvender Bowker,	12 mo.
	Sutton S. Wythe,	21 yrs.
	Stephen Thayer,	49
31.	Nathan Eaton,	46
	Nancy K. Wheeler,	10 mo.
	Luther Richards,	28 yrs.
	Mary Lincoln,	58
	Mary Whalen,	9 days.
Sept. 1.	Alfred J. Mead,	9 mo.
	Martha Spofford,	53 yrs.
	Joseph Cole, jr.	2
	Joseph P. Smith,	22 mo.
	Lewis Ober,	10
2.	Ann E. Carter,	16
	Catharine Kerr,	70 yrs.
	Albert Crocker,	22
	Eliza Sly,	41
	Eli Woster, jr.	20
	Bridget Carr,	11 w.
	Sarah Bass,	21-2 y.
3.	Mrs. Lee,	70
4.	Abigail Bond,	3 mo.
	Horatio D. Appleton,	20 yrs.
	Abigail Higgins,	62
	Eliza Wholohan,	10 mo.
	James Collins,	28 yrs.
5.	Mary Cline,	43
	Caroline Dupree,	7 mo.
	Henry A. Hopkins,	7
	Sally Hiller,	27 yrs.
6.	Jonathan Kendall,	26
	Mary Smith,	29

Brain fever, 1—bilious fever, 5—consumption, 4—cholera, 5—convulsions, 1—canker, 1—dropsy in the head, 1—drowned, 3—dysentery, 1—hooping cough, 1—infantile, 1—lung fever, 1—mortification in the bowels, 1—old age, 1—paralytic, 1—teething, 2—typhus fever, 1—unknown, 1. Stillborn, 2. Males, 15—Females, 16. Total, 33.

ADVERTISEMENTS.

MEDICAL INSTITUTION OF
HARVARD UNIVERSITY.

THE MEDICAL LECTURES will begin on the third Wednesday in October, in the Massachusetts Medical College, Mason-street, Boston.

Anatomy and Surgery, by Dr. WARREN.

Chemistry, by Dr. WEBSTER.

Materia Medica, by Dr. BIGELOW.

Midwifery and Medical Jurisprudence, by Dr. CHANNING.

Theory and Practice of Physic, by Dr. JACKSON.

The Lectures continue thirteen weeks. The Class attend the Medical and Surgical Practice of the Massachusetts General Hospital, and Dr. Jackson's Clinical Lecture on the Cases, without fees.—Separate Lectures on the Principles of Surgery are given by Dr. Warren without fees. Arrangements have been made for the study of Practical Anatomy, which will probably afford as great facilities as can be desired, and at as low a rate as at any school in the United States. The use of the Library of the Massachusetts Medical College may be obtained during the Course, by paying one dollar. The Professor of Chemistry will receive private pupils for instruction in the Laboratory.

WALTER CHANNING,
Dean of the Faculty.

PRIZE DISSERTATION

On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

“*Resolved*, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the ef-

fect of the use of wine and ardent spirits on the different organs and textures of the human body.”

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; or on before the 15th day of April, 1829.

JOHN C. WARREN,
ZABDIEL B. ADAMS, } Committee.
JOHN WARE,

A dissertation marked “*Fons et Origo Mali*,” is left at Mr. Cotton's Bookstore, for the author if he should desire it.

Editors of newspapers are respectfully requested to republish the above for the public good. aug 9

Some persons having believed that the premium offered by the Mass. Med. Soc. for the best dissertation on Intemperance, is to be confined to the members of the Society, notice is hereby given that the above named premium is open to all who may incline to become candidates for it.

NATHAN JARVIS,

Druggist and Apothecary,

HAS taken the Apothecaries' Hall, No. 188, Washington Street (lately kept by Messrs. Wm. B. & Henry White.) His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

EUROPEAN LEECHES.

CHARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.